
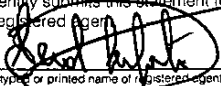
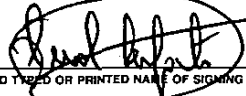


# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2004 NOV 22 PM 2: 13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L02000028570</b> 1. Entity Name TEUREL AVENTURA, L.L.C.					
Principal Place of Business 20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA, FL 33180 US			Mailing Address 20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA, FL 33180 US		
2. Principal Place of Business 18851 NE 29th Avenue		3. Mailing Address 18851 NE 29th Avenue			
Suite, Apt. #., etc. Ste 720		Suite, Apt. #., etc. Ste 720		11152004 Chg-LLC CR2E083 (10/03)	
City & State Aventura FL		City & State Aventura FL		4. FFI Number <b>20-1065640</b>	
Zip 33180		Country US		Applied For Not Applicable	
Zip 33180		Country US		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  KORN, GARY A 20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA, FL 33180			7. Name and Address of New Registered Agent  Name <b>Jacob Serfati</b> Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Avenue  City Aventura <b>FL</b> Zip Code 33180		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			<b>Jacob Serfati MGR</b>		11-16-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Amended AR is \$50.00</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARITON, PAUL 2838 N.E. 187TH STREET AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Serfati, Jacob 18851 NE 29th Avenue Ste 720 Aventura FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900042926959 11/22/04--01048--009 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			<b>Jacob Serfati</b>		11-16-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					